

STANDARD CERTIFICATE OF DEATH

State File No. 29461

FILED SEP 25 1951

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS FISCHAL STATE CANCER HOSA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGH</u>		b. (Middle) <u>DAVID</u>	
		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 16 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>1-11-88</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u> Hours <u>-</u> Min. <u>-</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINING, ZINC</u>	
11. BIRTHPLACE (State or foreign country) <u>JOPLIN, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>569-03 0657</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized lymphosarcomatosis</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) <u>2001</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-12</u> , 19 <u>51</u> , to <u>9-16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-16</u> , 19 <u>51</u> , and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>		23b. ADDRESS <u>Columbia, Mo</u>	
23c. DATE SIGNED <u>9-17-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 19, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 17 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Willott Funeral Home</u>		ADDRESS <u>Columbia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-24-51

NOV 19 1951

NOV 7 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Lyman Sprinkle*
Licensed Embalmer No. 4013

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.